Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control nu

Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR			BER FILEC	NUME	BER EXTRA		RATE	FEE		RATE	55
	SIC FEE CFR 1.16(a))							\$	OR	- Wite	FE
TOTAL CLAIMS (37 CFR 1.16(c))			minus 2	20 = 1.		1	< \$ =		1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		IMS	minus			1 -			OR	X \$=	
_		5417 01 4117 5050					· \$=		OR	X \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=	 	OR	+ \$=	
• If	the difference in-	column 1 is less to	han zero, e	enter "0" in column	2.		TOTAL		OR	TOTAL	L
	·	CLAIMS AS AN	MENDEC) – PART II	•						
	(Column 1) (Column 2) (Column 3)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION. FEE
	Total (37 CFR 1.16(c))	•	Minus	••	= .	×	\$=		OR	x s =	
	Independent (37 CFR 1.16(b))		Minus	•••	=	×	s=		OR	x \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	s =		OR	+ 5 =	
						T	OTAL DD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
OMENT B	1/20/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	. PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION/ FEE
	Total (37 CFR 1.16(c))	21	Minus	. 21	=	×	s =		OR	·x s=	
AMEND	Independent (37 CFR 1.16(b))	· 3	Minus	··· 3		×	\$=		OR	x s=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					T+	s =		OR	+s =	
			9	£ *			OTAL DD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)	,	(Column 2)	(Column 3)		<u> </u>		-		
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TION/ FEE
ਫ਼ૣૻૼ	Total (37 CFR 1.16(c))	•	Minus	••	=	Y	s =		OB	x \$ ' =	

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

Independent (37 CFR 1.16(b))

- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

Minus

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

ADD'L FEE

OR

OR

OR

TOTAL

ADD'L FEE